

Transition and Sustainability: Lessons, Questions and Priorities

AIDS2018 Satellite Session

Summary Report

Session Summary:

- Date: Thursday, July 26
- Time: 6:30 pm – 8:30 pm
- Location: Emerald Room
- Audience: ~80 people in attendance

Chairs:

- Wafaa El-Sadr, Global Director, ICAP at Columbia University
- David Barr, Senior Consultant, The Fremont Center

Introductions and Framing Remarks:

Dr. Wafaa El-Sadr opened the session by highlighting the progress made in the fight against HIV/AIDS and the importance of sustainability and transition as funding changes and decreases in some areas. Dr. El-Sadr reviewed the sources of HIV/AIDS program funding and the types of services that funding supports. She briefly discussed PEPFAR's sustainability index and the Global Fund's transition framework before introducing the OpCon mechanism, funded by HRSA, and the current projects taking place in Zambia, Zimbabwe, Cote d'Ivoire, Mozambique, and South Africa.

Panel #1:

- Michael Ruffner, Deputy Coordinator, Financial and Programmatic Sustainability, Office of the Global AIDS Coordinator, U.S. Department of State. *Sustainability: the view from PEPFAR.*
 - Mr. Ruffner introduced PEPFAR's sustainability index, noting that sustainability is central to PEPFAR planning and programs and emphasizing that epidemic control is a precondition of sustainability. He highlighted that PEPFAR is focused on efficiency to continue gains against a flat budget. PEPFAR has also been investing in local organizations as a pathway to sustainable epidemic control and believes the future for sustainable programs starts with more local control and shared responsibilities; by the end of FY2020, PEPFAR aims for 70% of its funding to go directly to local/indigenous partners. He concluded by noting the importance of ongoing donor support for critical functions, such as technical assistance, disease surveillance, pooled procurement, and support for programs and services for key populations.
- Ade Fakoya, Senior Disease Coordinator, HIV, The Global Fund for AIDS, TB & Malaria *Sustainability: the view from the Global Fund.*
 - Dr. Fakoya outlined the four pillars of the Global Fund strategy for 2017-2022, which places a strong emphasis on the need to support sustainable responses for epidemic control and successful transitions away from direct grant support. He discussed the key transition bottlenecks and challenges, including the need for (1) country owned transition and sustainability planning, (2) improved domestic financing, (3) strengthening health systems, (4) addressing enabling environment and human rights, (5) strengthening the capacity of civil society, and (6) strengthening the efficiency of national programs. The key to tackling the challenge of transition is to have a broader focus beyond finance, start planning early and involve a variety of stakeholders.
- Emily Hyle, Assistant Professor of Medicine, Harvard Medical School. *Do less harm: modeling of HIV program contraction*

- Dr. Hyle presented a study that used a simulation modeling approach to evaluate the epidemiologic, clinical, and budgetary consequences of different HIV program scale-back strategies. She and her colleagues used the Cost-Effectiveness of Preventing AIDS Complications-International (CEPAC-I) microsimulation model and highlighted two case studies from South Africa and Cote d'Ivoire. Dr. Hyle concluded that reduced funding for HIV prevention and treatment will have significantly negative consequences for HIV mortality and epidemic control, with only modest budgetary savings.
- Henry Zakumumpa, Makerere University & Jess Wilhelm, Johns Hopkins University. *The impact of the PEPFAR pivot on "non priority" sites in Uganda.*
 - Mr. Zakumumpa and Mr. Wilhelm presented their study, *The Geographic Prioritization in Uganda: Evaluating an HIV Transition in a Low-Income Setting*. PEPFAR geographic prioritization is part of a global effort to better target HIV funding and prioritizes regions and populations based on high prevalence and the number of PLHIV. They conducted a facility survey at 262 facilities in 28 districts, comparing sites transitioned to "non priority" status vs. those maintained as priority sites. They found that *perceived* quality and access to services was worse amongst staff at the transition sites, with decreasing frequency of HIV supervision and decreasing support for HIV outreach services. However, there was no evidence of *actual* differences in HIV service coverage or quality when transition and maintenance sites were compared.

Panel #2:

- Anna Deryabina, Central Asia Country Director, ICAP Columbia. *The impact of Global Fund transition strategies on national HIV programs in Central Asia.*
 - Dr. Deryabina reviewed the decline in Global Fund resources for Kazakhstan, Kyrgyzstan, and Tajikistan, noting that gaps between planned national HIV program budgets and actual funding are now 31% in Kyrgyzstan and 54% in Tajikistan. With these large funding gaps, programs and services such as opioid substitution maintenance programs, needle and syringe programs, community-based ART initiation and adherence support programs, community-based programs focusing on key populations, prompt introduction of new ART drugs, and test and start initiatives are at risk for discontinuation and scale-down. Dr. Deryabina provided suggestions on how to close the funding gaps, such as the integration of services into the primary healthcare system and the implementation of state social contracting of NGOs for HIV-related activities. She concluded that the national budgets of countries in Central Asia are not ready to take over the funding of their national HIV programs and without clear transition strategies and prioritization of HIV funding, achievement of 90-90-90 goals will remain challenging.
- Sharonann Lynch, HIV & TB Policy Advisor, Médecins Sans Frontières. *What happens to HIV programs when donors leave?*
 - Ms. Lynch reviewed the challenges for countries achieving middle-income status and therefore losing access to donor funding. She highlighted the impact on procurement of drugs and commodities, stressing the need for pre-transition analysis of government ability to co-finance and the importance of access to bridge funding to enable countries to access Global Fund markets.
- Gerald Gwinji, Secretary, Ministry of Health and Child Care, Zimbabwe. *Zimbabwe's approach to HIV program transition and sustainability.*
 - Major General Gwinji highlighted that Zimbabwe has made great progress in controlling the HIV epidemic and is well positioned to achieve the 90-90-90 goals. He then discussed how Zimbabwe has focused on transitioning and sustainability by: (1) identifying high impact priority interventions, (2) assessing the performance of the health care system, and (3) increasing human resources for health. Zimbabwe has demonstrated increasing commitment towards raising domestic resources to fund its national AIDS program. Additionally, Zimbabwe established the National AIDS Trust Fund and the Health Levy to raise domestic funding for health. Zimbabwe also receives support through private-public partnerships, partnerships with communities and

differentiated service delivery programs, and developmental partners. Zimbabwe understands that there must be sustained efforts to increase domestic funding and thus ensure sustainability.